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Atty. Docket No. DP-306551 (DEL01 P-392)

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

August 18, 2003

Date

Jack R. Buckley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2856
Examiner : John C. Hanley
Applicant : Seyed R. Zarabadi et al.
Appln. No. : 10/059,010
Filing Date : January 31, 2002
Confirmation No. : 5543
For : MICROFABRICATED LINEAR ACCELEROMETER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Supplemental Information Disclosure Statement in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 21	Minus	** 22	= 0	x \$9	\$	x \$ 18	\$ 0
Independent Claims	* 3	Minus	*** 3	= 0	x \$42	\$	x \$ 84	\$ 0
First Presentation of Multiple Dependent Claims \$140						\$	x \$280	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$ 0

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Applicant : Seyed R. Zarabadi et al.
Appln. No. : 10/059,010
Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

___ No additional fee is required.

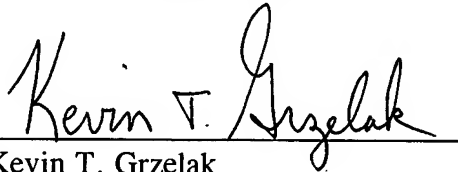
___ A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.

 x A fee of \$180 to cover the Information Disclosure Statement is enclosed.

 x A check for \$180 to cover the above fee is enclosed.

 x Please charge any additional fees or credit overpayment to Deposit Account 16 2463.
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON



Kevin T. Grzelak
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Grand Rapids, Michigan 49501
(616) 949-9610

August 18, 2003.
Date

KTG/jrb